

APPENDIX A

**VENDOR AUTHORIZATION TO
SUBMIT PROPOSAL**

_____ agrees to furnish the services described
in this proposal in response to the ABPP, Drug/Alcohol Treatment and Mental Health Counseling RFP,
dated _____ and guarantees that this proposal meets or exceeds all specifications,
terms, conditions, and requirements listed therein.

I hereby affirm I have not been in any agreement or collusion among or in restraint of freedom of
competition by agreement to respond at a fixed price or to refrain from responding or otherwise.

_____ Authorized Signature (ink)

_____ Authorized Name (typed)

_____ Title of Authorized Person

Name/Company Name _____

(Business) Mailing Address _____

City, State, Zip _____

Prospective Respondent's Telephone Number _____.

Date _____

Sworn to and subscribed before me and given under my hand and official seal this the

_____ day of _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: _____